

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)

SERIAL NO.

FILING DATE

APPLICANT/CA

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
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TOTAL NO.	3					
TOTAL DEP.	(13)					
TOTAL NO.	16	16	16	16	16	16
TOTAL DEP.	16	16	16	16	16	16
TOTAL	1555725	1555725	1555725	1555725	1555725	1555725

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